

10/14/01
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08-15-01

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**
(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 03466- P0001B

First Inventor Wulf Pfeiffer

Title Method Of Increasing The Boundary Layer

Express Mail Label No. EL 550 088 485 US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		ADDRESS TO:
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>Submit an original, and a duplicate for fee processing</small>	Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
2. <input type="checkbox"/> Applicant claims small entity status <small>See 37 CFR 1.27.</small>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 16] <small>(preferred arrangement set forth below)</small>	8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>	
a. <input type="checkbox"/> Computer Readable Form (CRF)		
b.: Specification Sequence Listing on:		
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or		
ii. <input type="checkbox"/> paper		
c. <input type="checkbox"/> Statement verifying identity of above copies		
ACCOMPANYING APPLICATION PARTS		
4. <input checked="" type="checkbox"/> Drawings(s) (35 USC 113) [Total Sheets 0]	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. Oath or Declaration [Total Pages 0]	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small> <input type="checkbox"/> Power of Attorney	
a. <input type="checkbox"/> New executed (original or copy)	11. <input type="checkbox"/> English Translation Document (if applicable)	
b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small>	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventors(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>	13. <input type="checkbox"/> Preliminary Amendment	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
	16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 of its equivalent.	
	17. <input type="checkbox"/> Other.....	

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part of prior application No.: 09/319,433

Prior application information: Examiner Derrington Group/Art Unit:1731

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number of Bar Code Label	24126 <small>(Insert Customer No. or Attach bar code label here)</small>	<input checked="" type="checkbox"/> Correspondence address below
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Name	Todd M. Oberdick				
Address	St. Onge Steward Johnston & Reens LLC 986 Bedford Street				
City	Stamford	State	CT	Zip Code	06905-5619
Country	United States	Telephone	203 324-6155		Fax 203 327-1096

Name (Print/Type)	Todd M. Oberdick	Registration No. (Attorney/Agent)	44,268
Signature	<i>Todd M. Oberdick</i>		Date 8/14/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Times will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OF COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 710.00)

Complete if Known

Application No.	
Filing Date	August 2001
First Named Inventor	Wulf Pfeiffer
Examiner Name	Derrington
Group Art Unit	1731

Attorney Docket Number 03466-P0001B WWW/TMO/SBS

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payment to:
 Deposit Account Number **19-4516**
 Deposit Account Name **St.Onge Steward Johnston & Reens LLC**
 Charge Any Additional Fee Required
 Under CFR 1.16 and 1.17
 Applicant claims small entity status.
 See 37 CFR 1.27

2. Payment Enclosed:
 Check Credit Card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing for or oath	
127	50	227	25	Surcharge - late provisional filing or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840	Requesting publication of SIR after Examiner Action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	240	126	240	Submission of Informational Disclosure Stmt	
581	40	581	40	Recording each patent assignment per Property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify) _____					

SUBTOTAL (1) (\$ 710.00)

2. EXTRA CLAIMS FEES

Total Claims	17	-20** =	Extra Claims	Fee from Below	=	Fee Paid
Independent Claims	2	-3** =		X		
Multiple Dependent				X		

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claims, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

** or number previously paid, if greater; For Reissues, see above

SUBTOTAL (2) (\$)

* Reduced by Basic Filing Fee paid SUBTOTAL (3) (\$)

SUBMITTED BY		Complete (if applicable)		
Name (Print Type)	Todd M. Oberdick	Registration No. (Attorney/Agent)	44,268	Telephone
Signature	<i>Todd M. Oberdick</i>		Date	8/14/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

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